

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**NOTIFICATION OF U.S. SAVINGS BOND ACTION, SERIES EE**

The furnishing of your Social Security Number is required by the regulations governing U.S. Savings Bonds. CFR 353. The Social Security Numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to reestablish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

Employee's  
Social Security No.

Agency/Organization/Office

Work Telephone Number

<input type="checkbox"/> <b>New Enrollment</b>		<input type="checkbox"/> <b>Total</b>		<input type="checkbox"/> <b>Changes</b>		INCREASE ALLOTMENT <input type="checkbox"/>	
Employee's Name (First) (Initial) (Last)				Refund? (Check one if 'Changes' checked) <input type="checkbox"/> Refund Balance <input type="checkbox"/> Do Not Refund Balance			
Amount to Be Allotted Min \$3.75 Each Pay Period <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Effective Date: <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> No Change to Existing Deduction Amount			
1. Owner's Name to Appear on Bond (First) (Initial) (Last)				Owner's Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Action: <input type="checkbox"/> Modify <input type="checkbox"/> Add <input type="checkbox"/> Delete	
Mailing Address	(Number and Street)			Bond Denomination <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000			
	(City or Town)			(State) (Zip Code)			
(Check One) (First) (Initial) (Last)				Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> Co-Owner <input type="checkbox"/> Beneficiary							
2. Owner's Name to Appear on Bond (First) (Initial) (Last)				Owner's Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Action: <input type="checkbox"/> Modify <input type="checkbox"/> Add <input type="checkbox"/> Delete	
Mailing Address	(Number and Street)			Bond Denomination <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000			
	(City or Town)			(State) (Zip Code)			
(Check One) (First) (Initial) (Last)				Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> Co-Owner <input type="checkbox"/> Beneficiary							
3. Owner's Name to Appear on Bond (First) (Initial) (Last)				Owner's Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Action: <input type="checkbox"/> Modify <input type="checkbox"/> Add <input type="checkbox"/> Delete	
Mailing Address	(Number and Street)			Bond Denomination <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000			
	(City or Town)			(State) (Zip Code)			
(Check One) (First) (Initial) (Last)				Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> Co-Owner <input type="checkbox"/> Beneficiary							
4. Owner's Name to Appear on Bond (First) (Initial) (Last)				Owner's Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Action: <input type="checkbox"/> Modify <input type="checkbox"/> Add <input type="checkbox"/> Delete	
Mailing Address	(Number and Street)			Bond Denomination <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000			
	(City or Town)			(State) (Zip Code)			
(Check One) (First) (Initial) (Last)				Social Sec. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="checkbox"/> Co-Owner <input type="checkbox"/> Beneficiary							

I hereby authorize the following allotment from my pay with the understanding that the U.S. Savings Bond will be issued as requested. This authorization is to remain in effect until cancellation by me in writing or termination of my Federal employment.

**Standard Form HHS 357**  
**Revised March 1995**

\_\_\_\_\_  
 Employee's Signature \_\_\_\_\_  
Date  
 (FORWARD THE COMPLETED FORM TO YOUR SERVICING PERSONNEL OFFICE)

I hereby authorize the following allotment from my pay with the understanding that the U.S. Savings Bond will be issued as requested. This authorization is to remain in effect until cancellation by me in writing or termination of my Federal employment.